



INTENTION, CAUSATION AND ILLUMINATION

Lessons from the rehabilitation experience in SA

Research Use and Impact Assessment

































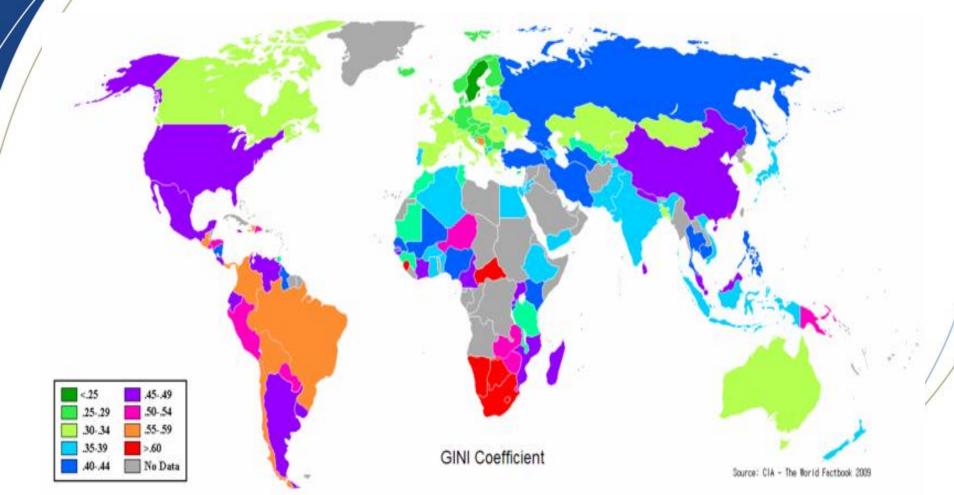
Lucas Sithole





Gini Coefficient

Difference in national income equality





Disability Statistics

Stats SA (2007) – 4% of the population is disabled (Community Survey)

- Stats SA (2009) 7.9%
 (General Household Survey)
 - 8.1 % of females
 - 7.7% of males

General Household Survey (2009) %								
Province	Male	Female	Total					
FS	15.9	15.2	15.5					
NC	10.1	10.2	10.1					
KZN	9.4	10.7	10.1					
Limpopo	7.9	7.6	7.7					
EC	7.4	7.3	7.4					
WC	6.3	6.9	6.9					
NW	6.3	6.3	6.3					
GP	5.7	6.4	6.0					
MP	5.1	4.7	4.8					



Education & Employment

Age Group	Total Population	Children with disability		Enrolment in formal education (ECD/Schools)		Source of data
		No:	%	No:	%	
0- 4 yrs	5 063 500	1 393 236	27.50 %	389 013	27.9%	Stats SA, 2009
5 – 18 yrs	14 588 173	703 159	4.80%	236 154	33.60%	Stats SA, DBE, 2009
				Special	Mainstream	
				111 619	124 535	DBE, 2009
				47.30%	52.7%	DBE, 2009

To date, less than 0.5% of people with disabilities are employed. The target of 2% of the population set by DOL was never met.



Citizens with a disability in SA

"Persons with disabilities in SA continue to face barriers that prevent them from enjoying their full civil, political, economic, social, cultural and developmental rights. This is largely due to the ignorance and prejudice in our society.

South African Human Rights Commission (SAHRC)



Methodology

Deductive approach



Legislation, policies and professional guidelines provide the theoretical framework.



Which documents? What do they say?

What are the experiences, perceptions and challenges of rehab service providers - those expected to implement public policies?



Inductive approach



Deductive Analysis

Interpreting Intentions

Legislation / Policies

Rehabilitation is a service that adopts the social model of disability

CBR as a strategy for improving coverage and access

Several professions assumed to perform one function within a decentralized DHS

No strategic provincial guidelines for rehabilitation services

Professional Norms & Stds

Social Work
Speech Therapy
OT
Physiotherapy

Separate functions

Emphasis on medical/clinical diagnoses and individual interventions



Inductive analysis

Integration challenges are destabilizing rehab professions

Predominance of Professional insecurities

Provision of services vs Maintaining professional boundaries

Inadequate teamwork
With dysfunctional referral
systems

Ineffective management and poor leadership

- Trends in resource allocation seen as threat to rehabilitation.
- Confusion between essential and specialist service.
- Lack of awareness of public policy
- Use of different approaches
- No strategy development
- Role confusion between proffs and between levels of care
- Teamwork and coordination:
 WHOSE RESPONSIBILITY?
- Recruitment but no retention
- Lack of leadership amongst rehabilitation professionals



Situation of rehabilitation service delivery

Deductive approach

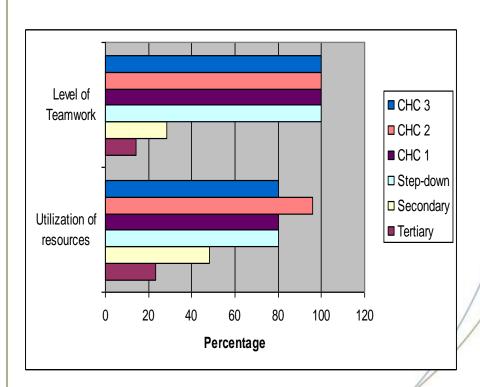


Policies and legislation aimed at effective service delivery are in conflict with each other

Integration challenges at several levels and dimensions



Comparison between facilities on alignment to policy





Seeking causation

Alignment & Shift

Policy intent





Policy in practice

- Resistance to integration by rehab professionals
- 2. Under-development of professional identity
- 3. Implementation of policy: by design or default?



Institutional context

Dept of Public Service & Administration

HPCSA / SACSSP -

Professional Councils; Boards & Associations

Institutional and Social phenomenon impacting on rehab

Dept of Health

Training Institutions



A paradigm shift for rehabilitation

Policy & Systems level

Regulation of services: Norms & Standards aligned to Policy

Dedicated Resource allocation

Structures

reviewed and realigned to strategic intent

National Rehabilitation research & training agenda

Service level

Strategy development:
CBR

Programmatic development : PHC & Specialized

Development of effective M & E for planning

Organizational level

Transformational Human resource management

Networks and referral systems for continuity of care











Rural rehabilitation can lead the way

A formal organizational structure as a "tool for change"

Rehabilitation Manager

Physio Occupational Speech Social worker therapist Therapist

Common goals
Integrated planning
Decision making based on agreed
budgets





Illumination



Professional activism

 Transforming existing platforms for professionals into spaces for constructive engagement and decision making (district; provincial; national rehab forums)

"Engineered consensus"

 Proactive facilitation of teamwork through conscious management functions

Critical Mass

Identifying and developing a catalytic group to facilitate change.
 RuReSA?

Social & Institutional (re)structuring

Translating policy into strategies then (re)structure



Thank you for your attention



